



PTO/SB/21 (09-04)

<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/780,802
	Filing Date	February 17, 2004
	First Named Inventor	Kielbowicz, Stanislaw
	Art Unit	3663
	Examiner Name	Alexandra F. Awai
Total Number of Pages in This Submission	Attorney Docket Number	015258-062800US

ENCLOSURES (Check all that apply)				
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard; Supplemental ADS.		
<table border="1"><tr><td>Remarks</td><td>The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.</td></tr></table>			Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.
Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.			

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	J. Georg Seka		
Date	4/20/06	Reg. No.	24,491

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Signature			
Typed or printed name	Bruce L. Flanders	Date	4/20/06



## **Supplemental Application Data Sheet**

### **Application Information**

Application number::	10/780,802
Filing Date::	02/17/04
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R??::	
Number of CD disks::	
Number of copies of CDs::	
Sequence Submission::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	PROTECTIVE SCREEN FOR THE SCREENING OFF OF A SUCTION SPACE
Attorney Docket Number::	015258-062800US
Request for Early Publication::	No
Request for Non-Publication::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	5
Small Entity?::	No
Latin name::	
Variety denomination name::	
Petition included?::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers One::	
Secrecy Order in Parent Appl.::	No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Poland  
Status:: Full Capacity  
Given Name:: Stanislaw  
Middle Name::  
Family Name:: Kielbowicz  
Name Suffix::  
City of Residence:: Waedenswil  
State or Province of Residence::  
Country of Residence:: Switzerland  
Street of Mailing Address:: Muslistrasse 10  
City of Mailing Address:: Waedenswil  
State or Province of mailing address::  
Country of mailing address:: Switzerland  
Postal or Zip Code of mailing address:: CH-8820

**Correspondence Information**

Correspondence Customer Number:: 20350

**Representative Information**

Representative Customer Number:: 20350

**Domestic Priority Information**

Application:: Continuity Type:: Parent Application:: Parent Filing Date::

**Foreign Priority Information**

Country::	Application number::	Filing Date::
Europe	04405055.7	01/29/04

**Assignee Information**

Assignee Name:: CCI AG  
Street of mailing address:: Hegifeldstrasse 10  
City of mailing address:: Winterthur  
State or Province of mailing address::  
Country of mailing address:: Switzerland  
Postal or Zip Code of mailing address:: CH-8404